



STATE OF TENNESSEE  
DEPARTMENT OF MENTAL HEALTH  
AND SUBSTANCE ABUSE SERVICES

ANNOUNCEMENT OF FUNDING  
FOR  
EVIDENCE BASED PROGRAMS TO ADDRESS FIRST  
EPISODE PSYCHOSIS

as part of the  
First Episode Psychosis Initiative  
Block Grants for Community Mental Health Services

August 1, 2016 - June 30, 2017

Released by the  
Tennessee Department of Mental Health  
and Substance Abuse Services  
Division of Mental Health Services

Term of Services: August 1, 2016 to June 30, 2017

Key Due Dates and Times: Proposals due by June 8, 2016, 4:30 PM CST  
(See Section 1.3. for other due dates and times)

Submitted To: Commissioner's Suite  
ATTN: Sejal West, Assistant Commissioner  
Division of Mental Health Services  
Tennessee Department of Mental Health and Substance  
Abuse Services  
500 Deaderick Street  
Fifth Floor, Andrew Jackson Building  
Nashville, TN 37243  
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# TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

## Division of Mental Health Services

### Announcement of Funding

May 13, 2016

The Tennessee Department of Mental Health and Substance Abuse Service (TDMHSAS), Division of Mental Health Services (DMHS), is requesting proposals from agencies who currently provide services or administer programs in Tennessee interested in implementing Coordinated Specialty Care teams to implement or expand services for youth and young adults experiencing a first episode of psychosis.

## 1. GENERAL CONDITIONS

### 1.1. **First Episode Psychosis Initiative Information**

- 1.1.1. **Intent of this Announcement.** The intent of this Announcement is to select innovative proposals from eligible entities that demonstrate willingness and commitment to adopt, implement, and sustain or expand the Coordinated Specialty Care model for youth and young adults ages fifteen (15) to thirty (30) years old who experience a first episode of psychosis for the purpose of improving access, quality, and utilization of services and supports for youth and young adults and their families. The funded programs are required to be person-centered, be delivered by a multi-disciplinary team, and be able to work with the youth and young adults for up to two years. Projects are also required to enable services to be initiated at onset for the target population and to design referral, recruitment, and community education components to reduce treatment delays. Projects should also include employment and education services, family involvement, peer support, and comprehensive integrated care that will offer the best long-term outcomes for these individuals.
- 1.1.2. **General Information about the First Episode Psychosis Initiative.** The First Episode Psychosis Initiative (FEPI) is made possible by the Federal Mental Health Block Grant allocation awarded to the TDMHSAS from the Substance Abuse and Mental Health Services Administration (SAMHSA). FEPI, using the Coordinated Specialty Care (CSC) evidence-based practice, is a program designed to provide early intervention services for selected youth and young adults fifteen through thirty (15-30) years of age. CSC is a comprehensive intervention model for people who have experienced a first episode of psychosis. Treatment is provided by a team of mental health professionals who focus on helping people work toward personal goals and to get their life back on track. More broadly, the CSC model helps these individuals navigate the road to recovery from an episode of psychosis, including supporting efforts to function well at home, at a job, and in the social world. The CSC program includes the following components: individual and group psychotherapy, supported employment and education, family education and support, psychopharmacology, peer support, and care coordination and management.
- 1.1.3. **Goals of FEPI.** The FEPI programs are expected to serve a minimum of twenty (20) (ten (10) per site) unduplicated youth and young adults with a diagnosable psychosis spectrum condition or other serious mental illness that warrants psychosis interventions per year. The

service goals of FEPI are the following:

- 1.1.3.1. To improve outcomes for youth and young adults diagnosed with a psychosis spectrum disorder enabling them to function more effectively at home, in school, and in the community;
- 1.1.3.2. To provide rapid access to evidence-based treatment and resiliency and recovery support services for youth and young adults and their families who have experienced a first-episode of psychosis.;
- 1.1.3.3. To provide youth-guided and family-driven services that are linguistically and culturally competent; and
- 1.1.3.4. To increase community awareness and early detection of psychosis.

## **1.2. Funding Information and Coverage Area**

- 1.2.1. Type of Funding and Amounts. Two (2) Cost Reimbursement Grant Contracts (hereinafter Grant Contract) may be available to eligible proposers in amounts of up to Four-hundred Thousand Dollars (\$400,000.00) per year.
- 1.2.2. Project Period. Initially, August 1, 2016, through June 30, 2017. It is intended that a one-year extension of funding will be available for July 1, 2017 – June 30, 2018, but this is not guaranteed.
- 1.2.3. Allocations. Funding allocations will be made on the basis of how well the proposing agency addresses guidelines and criteria of this Announcement of Funding (hereinafter Announcement). Renewal of the Grant Contract will depend on (a) the availability of funds; (b) Grantee progress in meeting project goals and objectives; and, (c) timely submission of required data and reports.
- 1.2.4. Coverage Area. Two (2) out of the following three (3) Tennessee counties will be served by the First Episode Psychosis Initiative: Davidson, Hamilton, and Shelby.

## **1.3. Timelines**

May 13, 2016	TDMHSAS releases Announcement of Funding
May 20, 2016	Proposers' Written Questions Regarding the Announcement are due by 4:30 PM Central Standard Time (CST)
May 27, 2016	TDMHSAS will issue written responses to questions
June 8, 2016	Proposals are due by 4:30 PM CST

June 17, 2016 TDMHSAS Makes Announcement of Accepted Proposals

August 1 , 2016 Anticipated Start Date of the Grant Contract

***“Due by” means that the item being requested must be “received by” and “be in the hands of TDMHSAS” by the stated date and time. “Due by” does not mean ‘postmarked by’. For submission of proposals, see Section 1.8. for additional information.***

#### **1.4. Eligibility**

- 1.4.1. If unsure of eligibility, contact Kisha Ledlow at [Kisha.Ledlow@tn.gov](mailto:Kisha.Ledlow@tn.gov). **Questions specific to eligibility for this Announcement may be asked, in writing, at any time.** Electronic mail (e-mail) **is** permitted for the submission of eligibility-related questions. All other questions and comments shall be handled as explained in Section 1.7. Written responses to eligibility questions will be sent within three (3) business days of receipt of the written question.
- 1.4.2. The following types of outpatient and not for profit entities are eligible to submit a proposal, unless prohibited under Section 1.4.3.:
  - 1.4.2.1. Currently providing services to youth and adults with mental illnesses;
  - 1.4.2.2. Currently providing mental health services to individuals with TennCare and individuals who are uninsured; and
  - 1.4.2.3. Currently certified to provide the following services: Pharmacological Management, Behavioral Health Counseling and Therapy, and Community Psychiatric Supportive Treatment.
- 1.4.3. A Proposer, for purposes of this Announcement, must **not** be (and the State will **not** enter into a Grant Contract with):
  - 1.4.3.1. An entity which employs an individual who is, or within the past six (6) months has been, an employee or official of the State of Tennessee in a position that would allow the direct or indirect use or disclosure of information, which was obtained through or in connection with his or her employment and not made available to the general public, for the purpose of furthering the private interest or personal profit of any person;
  - 1.4.3.2. Any individual or entity involved in assisting the State in the development, formulation, or drafting of this Announcement or the State Grant Contract’s Scope of Services (such person or entity being deemed by the State as having information that would afford an unfair advantage over other Proposers); or

- 1.4.3.3. For the purposes of applying the requirements of this Section, the State will deem an individual to be an employee or official of the State of Tennessee until such time as all compensation for salary, termination pay, and annual leave has been paid.

**1.5. State Amendments to this Announcement**

The State reserves the right to amend this Announcement at any time. In the event the State decides to amend, add to, or delete any part of this Announcement, a written amendment will be posted on the State's website and notice of the posting will be distributed via the electronic mail (e-mail) mailing list described in Section 1.7.2.

**1.6. State Cancellation of this Announcement**

The State reserves the right to cancel, or to cancel and re-issue, this Announcement. See also Section 1.8.8. In the event such action is taken, notice of such action will be posted on the State's website and notice of the posting will be distributed via the electronic mail (e-mail) mailing list described in Section 1.7.2.

**1.7. Communications**

- 1.7.1. Communications – Method of Dispatch. Senders must assume the risk of the method of dispatching any communication (questions, requests for clarification; proposal; and so on). The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch. If using regular United States Postal Service (USPS) mail, the sender should allow extra time for processing through the State mail system. In the alternative, the sender may wish to use a delivery system that ensures delivery directly to the intended recipient (express mail; overnight delivery; UPS; FedEx; hand delivery).

**Electronic methods of dispatch are prohibited unless otherwise noted.**

- 1.7.2. Electronic Mail (E-Mail) Mailing List. The State will create an electronic mail (e-mail) mailing list to be used for sending communications related to this Announcement. To be fair to everyone interested in proposing, please submit any questions via electronic mail (e-mail) so that the question and the answer can be shared with all interested parties. All agencies that do not have a question but are planning to submit a proposal and want to receive copies of all questions and answers should send an e-mail requesting this. Please send contact information to [Kisha.Ledlow@tn.gov](mailto:Kisha.Ledlow@tn.gov).

- 1.7.3. Questions and Requests for Clarification. Questions and requests for clarification regarding this Announcement must be submitted in writing on or before 4:00 PM CT on May 20, 2016 to [Kisha.Ledlow@tn.gov](mailto:Kisha.Ledlow@tn.gov) in order to be answered. Electronic mail (e-mail) **is** permitted for the submission of written questions and requests for clarification regarding this Announcement. Written responses to any questions and requests for clarification regarding this Announcement will be posted to the State's website and notice of posting will be distributed via the e-mail mailing list described in Section 1.7.2.

- 1.7.4. State's Written Responses and Communications are Binding. Only the State's official, written responses and communications will be binding with regard to this Announcement. The State

will consider oral communications of any type to be **unofficial** and **non-binding**.

**1.8. Proposal Preparation, Proposal Formatting Requirements, Proposal Submission, and Proposal Withdrawal**

1.8.1. Proposer's Preparation of Proposal. The Proposer accepts full responsibility for all costs incurred in the preparation, submission, and other activities undertaken by the Proposer associated with the proposal.

1.8.2. Proposal Formatting Requirements. The TDMHSAS's goal to review all proposals submitted must be balanced against the Department's obligation to ensure equitable treatment of all proposals. For this reason, formatting requirements have been established for proposals. **Failure to adhere to these requirements shall result in the proposal not being reviewed.**

1.8.2.1. Proposals must be received by the deadline.

1.8.2.2. Information provided must be sufficient for review.

1.8.2.3. Text must be legible.

1.8.2.4. Proposals must be written in English.

1.8.2.5. Proposal pages must be typed in black ink, single-spaced, in Times New Roman font, size twelve (12), with all margins (left, right, top, bottom) at least one inch (1") each. The one inch (1") margin requirement is **not** applicable to the Attachments.

1.8.2.6. Pages should **not** have printing on both sides.

1.8.2.7. Proposal paper must be white and eight and one-half inches by eleven inches (8.5" x 11") in size.

1.8.2.8. Proposals must adhere to page and line limits where noted.

1.8.2.9. Attachments (Attachments A, B, C, and D) must be completed.

1.8.2.10. To facilitate review and processing of the proposal by the TDMHSAS, all pages must be numbered, beginning with the Cover Sheet. Assemble the proposal in the following order:

**Transmittal Letter (signed in ink by authorized representative)**

**Cover Sheet (Attachment A)**

**Table of Contents**

**Proposal Narrative**

**Organizational Chart (Attachment B)**

**Proposed Budgets/Budget Justification Worksheets (Attachment C)**

**Letters of Commitment (Attachment D)**

1.8.2.11. All proposal pages must include a header with Proposer Name and Page

Number.

- 1.8.2.12. Send the original proposal and five (5) copies to the mailing address listed in Section 1.8.4. Do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied and sent to reviewers. Do not include videotapes, audiotapes, compact disks (CDs), digital video disks (DVDs), flash drives, or other similar media formats.
- 1.8.3. Proposal Submission – Method of Dispatch. Senders must assume the risk of the method of dispatching any communication (questions and requests for clarification; proposal; and so on). The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch. If using regular United States Postal Service (USPS) mail, the sender should allow extra time for processing through the State mail system. In the alternative, the sender may wish to use a delivery system that ensures delivery directly to the intended recipient (express mail; overnight delivery; UPS; FedEx; hand delivery). **Electronic methods of dispatch are prohibited unless otherwise noted.**
- 1.8.4. Submission Address. The **proposal must be dispatched (see Section 1.7.1.) to:**
- Commissioner’s Suite  
ATTN: Sejal West, Assistant Commissioner  
Division of Mental Health Services  
Tennessee Department of Mental Health and Substance Abuse Services  
500 Deaderick Street  
Fifth Floor, Andrew Jackson Building  
Nashville, TN 37243  
615-253-6748
- 1.8.5. Proposal - Due Date. **Proposals must be received by the TDMHSAS no later than 4:30 PM CST on June 8, 2016** and meet other submission criteria detailed in this Announcement in order to be eligible for review. Proposals will be considered to be “on time” only if they are received on or before the established due date and time. This does **not** mean “postmarked by” the due date and time; rather, it means “received by” and “in the hands of the TDMHSAS” by the due date and time. If the proposal is hand delivered, a signed receipt from the TDMHSAS will be given to the delivery person as verification of receipt. If the proposal is mailed, verification of received proposals will be provided via e-mail.
- 1.8.6. Late proposals will **not** be reviewed.
- 1.8.7. Proposers may only submit **one (1)** proposal per allowable county. Proposers may not submit more than three (3) proposals. While multiple proposals submitted by a single agency may be similar in scope, combined proposals are not allowed.
- 1.8.8. State’s Right to Reject Proposals. The State reserves the right to reject, in whole or in part, any or all proposals; to advertise for new proposals; to arrange to perform the services

herein; to abandon the need for such services; and to cancel this Announcement if it is in the best interests of the State. See also Section 1.6. In the event such action is taken, notice of such action will be posted on the State's website and notice of the posting will be distributed via the electronic mail (e-mail) mailing list described in Section 1.7.2.

- 1.8.9. Proposal Withdrawal. Proposals submitted prior to the due date may be withdrawn, modified, and resubmitted by the Proposer so long as any resubmission is made in accordance with all requirements of this Announcement.

## **1.9. Proposal Review and Selection**

- 1.9.1. No Obligation of State. This Announcement and its Grantee selection processes do not obligate the State and do not create rights, interests, or claims of entitlement in either the Proposer with the apparent best-evaluated proposal or any other Proposer.
- 1.9.2. Proposal Review. Eligible proposals received by the deadline will be screened to determine technical compliance and completion. **Incomplete and noncompliant proposals will not be reviewed.** Entities submitting incomplete or noncompliant proposals will be notified. Proposals found to be in compliance with all requirements, complete, and in the approved format will be submitted for review.
- 1.9.3. Proposal Selection. The TDMHSAS recognizes the need to ensure that funding provided for the administration and management of the First Episode Psychosis Initiative provides maximum benefit to the citizens of Tennessee. Therefore, preference will be given to proposals that:
  - 1.9.3.1. Demonstrate commitment and willingness to invest local resources and expertise in developing, enhancing, or expanding the Coordinated Specialty Care model for youth and young adults ages fifteen (15) to thirty (30) years old who experience a first episode of psychosis. Applicants must clearly articulate their plan to address infrastructure, required services and supports, key activities and concepts of service provision, including a plan for sustainability;
  - 1.9.3.2. Identify partnerships with multiple community agencies including high schools, colleges, emergency departments, juvenile and adult courts, law enforcement, primary care centers, other local behavioral health providers, and inpatient psychiatric facilities;
  - 1.9.3.3. Demonstrate that person-centered, youth-driven, culturally and linguistically competent, trauma-informed and community based services and supports are an important part of the proposing entity's overall philosophy of their programs and services;
  - 1.9.3.4. Demonstrate realistic and detailed plans for long term sustainability of the FEPI program. The successful proposer will demonstrate plans for identifying and securing alternative funding for local SOC infrastructure, services and supports;

- 1.9.3.5. Demonstrate a commitment to and plans for improving clinical and functional outcomes for youth and young adults their families; and
- 1.9.3.6. Demonstrate commitment to participating in a FEPI Learning Collaborative for ongoing training and technical assistance.

## **1.10. Proposal Components and Scoring**

- 1.10.1. Proposal Components. Scoring will be based on the quality and completeness of responses to the following seven (7) Proposal Components:

**Transmittal Letter (signed in ink by authorized representative)**  
**Cover Sheet (Attachment A)**  
**Table of Contents**  
**Proposal Narrative**  
**Organizational Chart (Attachment B)**  
**Proposed Budget and Budget Justification Worksheet (Attachment C)**  
**Letters of Commitment (no more than ten (10) from supporting agencies) (Attachment D)**

- 1.10.2. Proposal Scoring. Each component is allocated a maximum point value that determines a range within which reviewers will assign specific points. The number of points allocated to each component below is the maximum number of points the reviewer may assign. Proposals may receive a total score between zero (0) and one hundred (100).

- 1.10.2.1. **Transmittal Letter** **(0 points, but essential)**  
Include authorized signature(s).
- 1.10.2.2. **Cover Sheet (Attachment A)** **(0 Points, but essential)**  
Include authorized signature(s).
- 1.10.2.3. **Table of Contents** **(0 Points, but essential)**  
Include page numbers for each of the major sections, beginning with the Proposal Narrative, and for each Attachment of the proposal.
- 1.10.2.4. **Proposal Narrative (see Section 2. – page 16)** **(80 Total Points)**  
The Proposal Narrative may not exceed twelve (12) pages total.
- 1.10.2.5. **Organizational Chart (Attachment B)** **(0 Points, but essential)**  
Provide an organizational chart for the entity submitting the proposal, demonstrating where any staff positions funded under FEPI will reside, and where those position(s) will fit within the overall organizational structure of the entity submitting the proposal.
- 1.10.2.6. **Proposed Budget and Budget Justification Worksheet (Attachment C)** **(15 Points)**  
An appropriate and realistic budget must be submitted that includes a narrative justifying the budget for the State Grant Contract period of

August 1, 2016 through June 30, 2017.

**1.10.2.7      Letters of Commitment (Attachment D)      (5 Points)**

Provide no more than ten (10) letters of commitment from executive or senior leadership at appropriate community agencies including high schools, colleges, emergency departments, juvenile and adult courts, law enforcement, primary care centers, other local behavioral health providers, and inpatient psychiatric facilities.

**1.11. Additional Funding Information**

1.11.1. Use of Funds. The initial State Grant Contract twelve (12) month allocation is expected to be up to four hundred thousand dollars (\$400,000.00). A one (1) year extension and/or additional funding may be made available. The funding amount for the initial State Grant Contract period includes specific funds for:

- 1.11.1.1.      Salary and benefits for program related staff position(s) as outlined in proposal to include, at minimum, the following: Clinical Supervisor (0.20 FTE), Team Leader/Primary Clinician (1.0 FTE), Clinical Therapist (0.50 FTE), Case Manager (1.0 FTE), Supported Employment and Education Specialist (1.0 FTE), Prescriber (0.10 FTE), and Certified Peer Support Specialist (1.0 FTE);
- 1.11.1.2.      Local travel;
- 1.11.1.3.      Supplies for staff and other office supplies as needed;
- 1.11.1.4.      Flexible funding for services and supports identified in a client's Individual Service Plan (ISP), but not covered by traditional funding streams;
- 1.11.1.5.      Funding for administrative/indirect costs as outlined in agency's Cost Allocation Plan (CAP); cannot exceed twenty percent (20%) of total direct costs; and
- 1.11.1.6.      CSC related training for staff.

1.11.2. Variation in Allocation Amount. After a proposal has been selected and work on a Grant Contract has begun, variation in the allocation amount may be negotiated with the State based on the unique needs of the identified candidates for the FEPI and are at the discretion of the Division of Mental Health Services Assistant Commissioner.

## **1.12. Selected State of Tennessee Grant Contract Provisions**

- 1.12.1. Scope of Services and Rights of the State. See Attachment D for the intended Scope of Services, which is Section A. of a State of Tennessee Grant Contract. Please note that the State of Tennessee reserves the right to make any changes deemed necessary before issuing the final Grant Contract. The State of Tennessee also reserves the right not to issue any Grant Contracts in response to this Announcement.
- 1.12.2. Commencement of State Obligations. State obligations pursuant to a Grant Contract shall commence only after the Grant Contract is signed by the State agency head and the Grantee and after the Grant Contract is approved by all other State officials by applicable laws and regulations.
- 1.12.3. Consideration of Past Performance. Prior to the execution of any Grant Contract, the State reserves the right to consider past performance under other Tennessee contracts.
- 1.12.4. Some Requirements of a State of Tennessee Grant Contract. Agencies entering into a Grant Contract under this Announcement will be required to, among other things that will be contained in the Grant Contract:
  - 1.12.4.1. Provide data and participate in information exchange as indicated in the Intended Scope of Services and upon request;
  - 1.12.4.2. Implement and maintain written organized policies and procedures; and create and maintain a written Policies and Procedures Manual, if such a manual does not already exist;
  - 1.12.4.3. Participate in state-sponsored workgroup meetings; and
  - 1.12.4.4. Follow all applicable federal guidelines and state requirements related to this initiative.

## **2. PROPOSAL NARRATIVE**

Proposals must include responses to every question or statement of this Proposal Narrative (Section 2.). Responses should fully address each of the following items. Responses should be numbered for clarity. Failure to respond to all items may result in the proposal not being reviewed. **(Twelve (12) page limit)**

- 2.1. Briefly describe the Proposer's type of business, including the licenses and accreditations that are currently maintained as well as the current geographical locations served
- 2.2. Briefly describe the Proposer's capacity and experience with implementation of evidence-based practices (EBPs), including components that address the needs of this population (e.g. supported employment, supported education, trauma informed care, family education, and young adult peer support).
- 2.3. Describe the current type of behavioral health services offered to and length of time these services have been offered by the Proposing entity for youth and young adults ages fifteen

(15) to thirty (30) years old with serious mental illnesses.

- 2.4. Describe the Proposer's knowledge, experience, available resources and overall capacity to implement a CSC team as detailed in Section 1.1.
- 2.5. Describe the Proposer's knowledge and experience in working with the youth and young adults experiencing a first episode of psychosis.
- 2.6. Describe the Proposer's experience in successful and sustained interagency collaborative partnerships, including building and sustaining broad-based buy-in and support from a variety of public and private entities.
- 2.7. Describe how the program will incorporate cultural competency approaches, inclusion and youth culture. Projects should address youth/young adult choice and be person-centered.
- 2.8. Describe the Proposer's philosophy regarding the role of families, parents and caregivers in caring for their children with mental health needs.
- 2.9. Describe the Proposer's plan for outreach and engagement to youth/young adults, family members, and community partners.
- 2.10. Describe the Proposer's plan to develop or expand on an existing referral network to reach the target youth/young adults and their family members who might otherwise not receive services.
- 2.11. Describe a preliminary plan for sustainability beyond the project funding period. Specify the collaborating partners who will be involved in sustainability planning. Include your plan to utilize third party insurance and Medicaid reimbursement, as appropriate.
- 2.12. Describe the Proposer's co-occurring capability. If an assessment tool has been used in the past 3 years such as the COMPASS-EZ, DDCAT, or DDCMHT, please describe strategies being implemented to increase co-occurring capability.

- 2.13. Describe the team’s leadership and supervisory and reporting structure for the proposed FEPI staff positions. In addition to a Clinical Supervisor, required staff positions are as follows:

<b>Role</b>	<b>Will provide</b>	<b>Credentials and skills</b>
Team Leader	Outreach to clients, providers, family members and will supervise other team members.	Licensed clinician with management skills.
Case Manager	Coordinates care in the community and in the agency.	Bachelor's level social worker.
Clinical Therapist	Intervention services, support for family in crisis, psycho-educational information, and relapse prevention counseling. Cognitive behavioral therapy, talk therapy, behavior skills training.	Licensed clinician.
Supported Employment and Education Specialist	Supported employment and educational services. Ongoing job coaching and support following placement. Ongoing educational coaching following placement in school.	Bachelor's level trained employment counselor.
Prescriber	Medication management	Psychiatrist, Nurse Practitioner
Peer Support Specialist	Recovery support and assistance, follow-up, including socialization.	Trained and certified peer specialist with lived experience with SMI.

### 3. PROPOSAL CHECKLIST

#### 3.1. Technical Requirements

\_\_\_ Written in English

\_\_\_ Typed in black ink, single-spaced of standard eight and one-half inch by eleven inch (8.5” x 11”) paper

\_\_\_ Typed in Times New Roman font, size twelve (12)

\_\_\_ All margins (left, right, top, bottom) are one inch (1”) each. The margin requirement is **not** applicable to the Attachments.

\_\_\_ Adhered to page and line limits

\_\_\_ Pages sequentially numbered, including all attachments

- \_\_\_ Page header includes the Proposer Name and Page Number
- \_\_\_ Responded to each criterion listed in this Announcement in the order requested
- \_\_\_ Signed in ink by an authorized representative of the Proposer submitting the proposal
- \_\_\_ Assembled as required in Section 1.8.2.10.
- \_\_\_ No binder clips or paperclips have been used; no stapling or binding has been used
- \_\_\_ Submitted one (1) original print copy and five (5) copies of the original

### 3.2. **Proposal Order**

Use the table below to ensure all requested information is included in the proposal. In addition, proposal materials should follow the order denoted below. **The TDMHSAS will not consider proposals that are incomplete.**

Proposal Component	Maximum Page Limit (where applicable)	Checklist
I. Cover Sheet, including signatures (Attachment A)		
II. Table of Contents	As needed to fulfill the requirement	
III. Proposal Narrative Completed responses to Sections 2.1.-2.13. [Total Points: 80]	12 Pages	
IV. Remaining Attachments:		
A. Organizational Chart (Attachment B) [Total Points: 0]	As needed to fulfill the requirement (diagram only)	
B. Proposed Budget and Budget Justification Worksheet (Attachment C) [Total Points: 15]	Required State Contract Forms (Budget, Detail page(s), Salary and Benefits Summary)	
C. Letters of Commitment (Attachment D) [Total Points: 5]	As needed to fulfill the requirement (Limit of 10 letters)	